Neo-liberal discourse of substance use in the UK reality TV show, The Jeremy Kyle Show

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Abstract

This article presents findings of a content and thematic analysis of representations of substance use and users in the UK Reality Television programme, *The Jeremy Kyle Show*. It provides evidence that substance use and users were problematized through the process of 'othering' which contributed to a reductionist drugs discourse. We argue that such discourse can be understood within the wider socio-economic political context of neoliberalism. Four intertwined themes revealed underlying neo-liberal notions that reduced substance use and users to a number of characteristics and associated issues, and provided a narrow and skewed representation of use and users. Through framing substance use as a rational choice, users were held fully responsible and blamed for their substance use, resulting problems, and failure of treatment. Substance use was associated with unemployment and dependency on state welfare, with those claiming welfare being deemed accountable for their lack of employment and shamed for their failure to meet the neoliberal notion of the productive citizen. Structural causes of substance use and inequality were silenced, and an emphasis on individual responsibility prioritised, which may lead to the reinforcement of stigma, and societal and institutional interventions being overlooked. Users were also encouraged to repair a 'lost' sense of self through abstinence within private inpatient treatment, endorsing the neo-liberal notion of private health care and prioritising abstinence-based responses and individual responsibility in treatment success. Implications for public perceptions of substance use, users and suitable responses, and substance users' perceptions of themselves, are considered.

Key words: addiction, substance use, media, reality television, neoliberalism

Introduction

Substance use is frequently represented in the media and has attracted a great amount of academic interest (Ayre & Jewkes, 2012; Forsyth, 2012; Lancaster et al., 2011; Montange, 2011; Manning, 2007; Taylor, 2008). The media provides an important source of information

on substance use and plays an important role in agenda setting, defining public interest, shaping and amplifying public perceptions and attitudes towards substance use and users, and in building support for certain policy responses (Belackova et al., 2011; Forsyth, 2001; Lancaster et al., 2011; Montagne, 2011; Rinke, 2016). Drug scares are a familiar feature of the media landscape, in which drug use and users are disproportionally framed as problematic, immoral and dangerous, which enhances public concern and helps trigger calls for particular policy responses (Acevedo, 2007; Ayres & Jewkes, 2012; Forsyth, 2012; Taylor, 2008; 2016). As discussed by Taylor (2016), a 'reductionist drugs discourse' exists in society, which through the process of 'othering', simplifies understandings of substance use and demonises particular substances and users as the undeserving 'them' (Ayres & Jewkes, 2012; Stevens, 2007; Taylor, 2016; Wincup & Monaghan, 2016). The media contributes to the maintenance of such discourse, which reduces substance use to addiction, danger and harm, and works in a way to maintain status quo understandings and responses (Taylor, 2016). Moreover, a common theme in media reporting is the framing of users as transgressors of individual responsibility and as unable to control their behaviour (Ayres & Jewkes, 2012). Whilst some groups of substance users (e.g. young female middle class ecstasy users) tend to be represented as victims, others (e.g. heroin users) are constructed as deviant, dangerous and immoral based on notions of race, age, gender and class (Belackova et al., 2011; Boland, 2008; Boyd, 2002; Lancaster et al., 2011; Manning, 2007; O' Conner, 2008; Rinke, 2016; Taylor, 2008, 2016; UKDPC, 2010; van den Bom et al., 2018).

Such constructions can be further understood within the wider socio-economic and political context of neoliberalism. Neoliberalism (as the transition from industrial to financial capitalism) promotes the free market, competition and the deregulation/ privatisation of public services, and has an effect on inequalities of health, income and life chances, and the way in which these are understood and conceptualised (Hall et al., 2014; Tyler, 2015). By ignoring the structural conditions and causes of inequality and instead focusing on individual behaviour, neo-liberalism promotes individual choice and rationality as explanations for inequality and related behaviour (e.g. alcohol and other drug use) (Dowling and Harvey, 2014; Haydock, 2014; Tyler, 2015). Notions of individual freedom work in a way to hold individuals responsible and accountable for their actions, encouraging individuals to act in moderation and with control through the self-regulation of behaviour (Askew, 2016; Haydock, 2014; Moore, 2008). The illusion of 'free choice' and the pressure to construct and display ourselves as distinctive, authentic and responsible moral subjects, creates a distinction between the responsible and irresponsible, authentic and inauthentic, consumer (Griffin et al., 2009; Taylor, 2016; Walkerdine, 2003).Those considered 'irresponsible' and 'inauthentic' are blamed and shamed

for what are considered ‘wrong life choices’, deemed immoral and ‘flawed consumers’, and are scapegoated and stigmatised for their behaviours in public, media and political discourse (Haydock 2014; Taylor, 2016; Tyler, 2015). Such rhetoric is further used to justify the reduction of state support and the prioritising of initiatives that focus on the individual, rather than wider structural and environmental determinants of inequality (Hartman, 2005; Haydock, 2014; Tyler, 2015). For example, within media representations of substance use, discourses of unemployment, welfare dependency and criminality overlap to marginalise substance users in ways that deprioritise the structural determinants (e.g. poverty, inequalities) of their experiences (Boyd, 2002; Hartman, 2005; Harvey, 2007; Monaghan & Yeomans, 2016; Ramen, 2008; Schwiter, 2013; Steinberg & Johnson, 2003; Taylor, 2008; van den Bom et al., 2018; Wincup & Monaghan, 2016). Such framing helps shape collective perceptions that contribute to a lack of understanding and empathy, drive policy responses and neo-liberal thinking around substance use that prioritise individual choice and responsibility (van den Bom et al., 2018; Forsyth, 2001; Hartman and Golub, 1999; Harvey, 2007; Lancaster et al., 2011; Schwiter, 2013; Smith & Anderson, 2017; Taylor, 2008; Wincup & Monaghan, 2016). They also contribute to the lived experiences of stigma and social exclusion among substance using populations which can act as a barrier to recovery (Neale et al., 2011; Radcliffe & Stevens, 2008).

One particular television genre in which images of substance use have been explored, is Reality Television (Blair, 2005; van den Bom et al., 2018; Kosovski & Smith, 2011; Marsh and Bishop, 2014). This popular genre focuses on the interactions and lives of ‘ordinary’ people in everyday or contrived situations and includes a diverse range of programmes such as game shows, ‘fly-on the wall’ shows, documentaries, self-transformation/makeover programmes and TV talk shows (Marsh & Bishshop, 2014; Skeggs, 2009). In a similar manner to media reporting of substance users, Reality TV has been described as carnivalesque and cruel in nature by focusing on, judging, devaluing, stereotyping and ridiculing the behaviours and lifestyles of lower socio-economic groups using a moralistic tone, and in ways that promote middle-class values (van den Bom et al., 2018; Marsh and Bishop, 2014). Given its over-recruitment of lower socio-economic groups, the genre has also been considered a media vehicle for representing and reinforcing social class anxiety (van den Bom et al., 2018; Marsh & Bishop, 2014; McKendrink et al., 2008; Mooney, 2011; Skeggs, 2009).

The sub-genre of ‘poverty porn’ fits within the Reality TV genre, and focusses on the lived experience of poverty in a voyeuristic manner (Tyler, 2015; van den Bom et al., 2018; Monaghan & Yeomans, 2016; Wincup & Monaghan, 2016). Whilst producers claim the genre aims to educate, it has been accused of using and demonising the behaviours of lower-socio

economic groups as unpaid 'human capital' for 'the manufacturing of reality', entertainment and 'the accumulation of wealth for media corporations' (Tyler, 2015;495). It is underpinned by an anti-welfare stance, and often associates substance use with unemployment and criminality, further labelling such groups as the deviant 'Other' and providing further justification for anti-welfare rhetoric (van den Bom et al., 2018; Monaghan & Yeomans, 2016; Taylor, 2008; 2016). This may lead to misconceptions and negative attitudes towards welfare claimants and their behaviours, defining them as a homogenous group of substance using 'scroungers' and as undeserving of state support (van den Bom et al., 2018; McKendrink et al., 2008; Mooney, 2011; Wincup & Monaghan, 2016). For example, van den Bom et al., (2018) analysed the discourses and representation of individuals receiving state welfare benefits within audience Tweets regarding a controversial 'poverty porn' UK television programme, *Benefits Street*. The authors found that substance use by the programme participants was condemned by viewers, linked to criminality, discussed in stigmatising ways (e.g. users were pejoratively labelled as 'druggies') and perceived as being a normal aspect of benefit claimant's everyday lives. Viewers criticised the purchase of alcohol and other drugs, along with items such as branded goods, by welfare claimants, with such items being regarded as 'luxuries'. Given their economic situation, viewers felt that claimants should restrict and control their consumer purchases to essentials such as food, and that state benefits should not be spent on alcohol and other drugs at the expense of the taxpayer (van den Bom et al., 2018; Wincup & Monaghan, 2016). Such reporting contributes to the othering of welfare claimants as an underclass of morally inadequate and undeserving consumers, and as suggested by Tyler (2015:494), instructs the audience to 'reimagine the welfare state as a ''benefits culture' that impoverishes citizens, and addictions'.

Other research has examined representations of drug and alcohol use within addiction related Reality TV (Blair et al., 2005; Boyd, 2002; Kosovski & Smith, 2001). For example, Kosovski and Smith (2011) analysed depictions of illicit drug use in the USA Reality TV program *Intervention,* which is part of the 'fly on the wall' genre focussing on 'real life' stories of 'addiction'. The authors found that an ill-defined definition of addiction was applied within the show and that discrepancies between the show's representations and the scientific evidence base perpetuated common myths about the causes of addiction and effective treatment responses. Moreover, the show promoted private industry, framing private residential treatment as available, desirable, and 'successful', despite a lack of evidence of positive outcomes for the filmed guests and it being unaffordable for most of the US population.

In the UK, one of the most popular Reality TV talk shows is *The Jeremy Kyle Show* (TJKS). TJKS attracts around 1.5 million daily viewers and has been a regular feature of

weekday morning commercial (ITV) television (09.30-10.30am) since 2005. Research conducted by YouGov (2016) into audience characteristics, suggests the show is viewed more by the middle aged and those with a right leaning political view. In a similar manner to the USA talk show, *The Jerry Springer Show*, which may be seen as a forerunner, TJKS is confrontational in nature and deals with issues such as substance use problems, infidelity, parenting, criminality, and relationship and family breakdowns and resolution (ITV, 2017; Marsh & Bishop, 2014; Selby, 2015). TJKS fits the broad category of Reality TV in that it involves members of the public who are selected to appear via nominations from either themselves, friends, or family members. The show typically recruits guests from lower socio-economic groups (Marsh & Bishop, 2014) and defines itself as offering 'help' and resolving problems in front of a live participatory (e.g. booing, cheering, laughing) public audience, facilitated by the host, Jeremy Kyle (JK) (ITV, 2017). JK is known for his forthright, uncompromising and morally judgmental presenting style, acting as a mediator between feuding guests. 'Lie detector', DNA and drug screening tests are often offered in an attempt to get to the 'truth' of the matter at hand in an entertaining manner. Counselling and drug treatment are provided by the production company to those deemed deserving of support in the form of an affiliated drug treatment worker and a private residential rehabilitation treatment service (ITV, 2017; Marsh & Bishop, 2014).

Previous studies exploring TJKS specifically are scarce, but have commented on its significance in presenting images of lower socio-economic groups and social issues such as alcohol and other drug use in ways that tie in with the neo-liberal discourse of the 'underclass' (Marsh & Bishop, 2014; McKendrink et al., 2008; Mooney, 2011). In an ethnographic study of playground play by primary school pupils, Marsh and Bishop (2014) found that re-enacting Reality TV shows such as TJKS was a way in which children learned and reflected on real life issues such as drug use. Children made harsh judgments about drug users in ways that informed their moral perceptions of what it meant to be a 'good citizen', and in ways that reinforced traditional values of 'right and wrong'. Other research (Mooney, 2011; McKendrink et al., 2008) has discussed TJKS as a popular form of entertainment that presents and mocks those who lack social resources and live in poverty as 'undeserving objects to be used for the purposes of public entertainment' in an attempt to reinforce conventional family values. Such research highlights the role of Reality TV shows such as TJKS as one cultural sphere through which socio-political issues such as substance use are debated and negotiated. Based on the premise that such programmes help shape public perceptions and attitudes towards substance use and users, the acceptability of policy responses and substance users perceptions of themselves, we explored the ways in which substance use and users were portrayed on the TJKS. We chose to focus on TJKS because it is a popular, wide-reaching

and long-running example of UK Reality TV that regularly includes substance use themes. Using TJKS as an exemplar, an analysis of the shows content thus allowed us to examine some of the ways in which Reality TV presents substance use and users to a general viewing audience.

Methods

We undertook an analysis of representations of substance use and users in the UK Reality TV programme, *The Jeremy Kyle Show* (TJKS). The sampling frame consisted of all episodes of TJKS (N=20, around 16 hours of footage) broadcasted over a one-month period (July 2017). All individual stories within the 20 episodes (N=64) were viewed, and those including narratives relating to substance use (inducing illicit drug, and alcohol use) were transcribed verbatim. This included stories specifically focussing on drug or alcohol use, as well as stories referring to drug or alcohol use as a sub theme (e.g. family breakdown as a result of substance use). Both a deductive quantitative content analysis (Ezzy, 2002; Hsieh & Shannon, 2005; Riffe et al., 2014; UKDPC, 2010) and inductive thematic analysis (Braun and Clarke, 2006) of content relating to substance use was undertaken. A coding manual was developed and Microsoft Excel used to code the content according to pre-existing categories, partly based on previous research (Blair, 2005; UKDPC, 2010). This included the type of substance and substance use behaviours referred to, demographics of the user (e.g. gender, race, age), rejection or endorsement of substance use, audience reactions (e.g. laughter, booing, cheering), language used to describe substance users, non-problematic or problematic use (addiction), reasons for use (e.g. individual, environmental- structural), effects of use (e.g. effects to self, effects on others), treatment responses (e.g. state provision, private rehabilitation), and discussion of related policy responses (e.g. drugs legalisation). Using quantitative content analysis in isolation is problematic as it extracts data from the wider content of the text and cannot fully account for the nature of the representations and the context in which they occur (Richardson, 2007; Riffe et al., 2014; Stemler, 2001). As such, an inductive thematic analysis (Braun & Clarke, 2006) of the transcribed storyline narrative was also conducted using NVivo10 to explore in more detail the themes present within the ways in which substance use and users were discussed and treated on the show. This consisted of reading and re-reading transcripts to provide familiarisation with the data, then identifying initial codes before sorting codes into overarching themes (Braun & Clarke, 2006).

Results

An overview of the quantitative content analysis is firstly provided to offer insight into the extent and nature of substance use in the sample of TJKS episodes analysed, and how substance use was overly problematized through associations with other behaviours and through reducing users to a narrow set of characteristics. Four qualitative themes are then presented that constructed an overtly anti-drug position and contributed to a 'reductionist drugs discourse' (Taylor, 2016) that was underpinned by neo liberal thinking. Substance use was framed negatively, with pleasure being silenced (Moore, 2008) and was associated with lower-socioeconomic groups, unemployment, criminality and welfare benefits in a way that 'othered' and problematized those using substances. Underlying notions of neoliberalism heightened this process of othering, by reducing substance use to choice and in turn, holding individuals as responsible and accountable in a way that blamed them for their addictions and circumstances, and obscured the structural causes of substance use (Lancaster et al., 2015; Neale et al., 2011; Seddon, 2011; van den Bom et al., 2018). By promoting private residential treatment, the show reduced recovery to abstinence and endorsed the privatisation of health care. Moreover, by reducing recovery to repairing a 'lost' sense of (authentic) self through abstinence, individuals were persuaded to remove their reliance on state welfare and gain employment as responsible and productive neoliberal citizens (Hartman, 2005; Keane, 2011; Steinberg & Johnson, 2003).

Type of drug use, user, reasons and effects of substance use, and responses

Substance use was a prominent feature of the sample of TJKS episodes analysed. Of the 20 episodes, 85% (n=17) included references to substance use. A total of 64 individual 'real-life' stories were broadcasted within the 20 episodes, 41% (n=26) of which referred to substance use. Of the 26 substance use related stories, three discussed substance use in general, without reference to an individual's use. The remaining 23 stories, referred to substance use by 27 individuals, with the individual substance user acting as the unit of analysis.

In terms of the substances used, illicit drugs were the most commonly referred to (52%, n=14 individuals), followed by alcohol (33%, n=9 individuals), then the use of both illicit drugs and alcohol (15%, n=4 individuals). The most frequent type of illicit drug used was cannabis (22%, n=6 individuals), followed by cocaine (11%, n=3 individuals), heroin (11% n=3 individuals), crack cocaine (7%, n=2 individuals), and amphetamine (4% n=1 individual).

Almost half (48%, (n=13) of individuals used alcohol. A further 30% (n=8) were described as having an 'addiction' to either drugs (n=5, 19%) (e.g. cannabis, heroin, crack) or alcohol (n=3, 11%). Although the shows focus on these substances in some ways (e.g. cannabis as the most frequently used) reflected statistics (e.g. Home Office, 2017) on drug use among the UK population, it disproportionally focussed on the use of, and substance use disorders related to illicit drugs, despite alcohol being the most prevalent substance consumed in the UK (ONS, 2017). Illicit drug use were thus regarded as more entertaining, and although alcohol dependence was discussed, less attention was given to alcohol, despite it placing a greater burden on public health and producing more societal harm (Forsyth, 2012).

Substance use was problematized through being predominantly portrayed in relation to 'addiction', yet the term itself was not defined by the show (Kosovski & Smith, 2001), and was used in relation to a number of behaviours, such as the use of alcohol and other drugs, sex, gambling and eating (the use of the term 'addiction' in this paper reflects use in the TV show and not to identify guests with a substance use disorder). For example, the host compared addiction to alcohol and other drugs to addiction to gambling, sex and food; with food addiction being labelled as more '*severe*', but was corrected by the show's psychotherapist as not qualifying as an addiction. The discussion of drug use tended to be generalised (30%, n=8 individuals), with '*drug use'* or '*drugs*' in general being commonly used to refer to any drug, which problematized the use of all drugs (e.g. cannabis use through connotations of addiction) regardless of use behaviours or harms experienced by the user. Subsequently, any notion of pleasure was omitted and by excluding alcohol from the categorisation of 'drugs', the show reflected and reinforced the bifurcation between licit and illicit substances that exists in society (Forsyth, 2012; Moore, 2008; Taylor, 2016).

Substance users were further problematized and othered by associating use with a narrow set of characteristics. For example, almost half (44%, n=12) were labelled as currently unemployed, 15% (n=4) as engaging in criminality due to their use of illicit drugs (e.g. acquisitive crime to fund drug purchases, sex work to fund drug use) and 41% (n=11) labelled as liars or as untrustworthy by the host and/or other guests due to their substance use and related behaviour (e.g. criminality). Substance use itself was used as a negative slur and to comment on an individual's character for almost half (48%) of individuals (n=13). For example, language used to describe drug users included *'druggie', 'drunk', 'scum bag', 'junkie', 'low life', 'down and out', 'little boy', 'thug', 'that* [thing]*', 'lazy',* and *'shifty (*see theme *'Repairing the lost self through recovery')*. The notion of wanting to be '*clean*' was also used to encourage abstinence from drugs (19%, n=5), which pejoratively reinforced substance use and users as dirty (Scholten et al., 2017), a common discourse that has been shown to reinforce stigma

(Radcliffe & Stevens, 2008). Furthermore, both the host's and audience's response to substance users was generally negative. JK raising his voice in an accusatory and confrontational manner to 30% (n=8) of users in relation to their substance use, and mocking individuals in a number of cases (e.g. men being told to '*man up'*, shouting at guests for the effect of their drug use on others). Similarly, the audience expressed their disapproval through booing (33%, n=9), laughing (26%, n=7), and clapping (41%, n=11) at JK's treatment of guests (e.g. shouting, using degrading language, telling them to admit responsibility for their behaviour).

Reasons for substance use were rarely explained (26%, N=7 individuals), and when they were, were reduced to emotional and personal explanations. This included the use of substances as a self-medicating coping mechanism (n=4) to deal with issues such as stress, bereavement, and relationship problems. Environmental factors such as the influence of drug using peers (n=2) and abuse in childhood (n=1) were acknowledged, but generally structural reasons for use (i.e. economic deprivation, poverty, drug availability, inequality in service provision) were ignored. In cases were negative life experiences outside the control of individuals were acknowledged (e.g. childhood abuse, n=1), these individuals were still constructed as holding the choice not to use substances. As such, they were blamed for their use (22%, n=6) and as their individual responsibility to address (see theme '*Individual responsibility and choice'*). Family members (19%, n=5) were also accused of enabling use of substances by not restricting the economic resources that allowed for substance purchases, or by providing money specifically for the purchasing of drugs and/or alcohol. Whilst this acknowledged the role of external factors in influencing substance use, it also reflects the neo-liberal notion of the economic reasoning to human behaviour (Seddon, 2011).

The effects of substance use were described for the majority (63% n=17) of individuals. All effects were negative in nature and there was no reference to pleasure or (perceived) positive effects of substance use. A total of 24 effects were discussed, 54% of which were effects to self (n=13, e.g. biopsychosocial effects such as addiction, paranoia, seizures, withdrawal, debt, impact on appearance) and 46% effects on others (n=11 e. g. poor relationship, emotional impact on loved ones such as stress and worry, child neglect, restricted access to children, children in care). The most common effect to self was addiction, with less focus on the effects of addiction on the individual and more on others, which helped construct users as dangerous and a risk to society (Taylor, 2016). Moreover, users were labelled as bad partners (26%, n=7) and parents (15%, n=4) and as such as failing in their adult responsibilities (Askew, 2016), due to what was portrayed as selfishly prioritising their substance use over the needs of their family, and continuing use despite the effects on others.

Responses to substance use were discussed for almost a quarter (22%, n=6) of individuals who were presented as using substances problematically. These guests were offered support from the production company through the provision of a 12-week private residential treatment programme (incorporating cessation and tapering (described as 'detox'), counselling, psychotherapy and aftercare (e.g. abstinence orientated 12 step programmes)) (n=3) and general counselling provided by the show's psychotherapist (n=3). All responses were abstinence-based and there was no discussion of harm reduction (see theme '*Private residential rehabilitation as best practice*'). In all cases in which support was provided, it was highlighted that a willingness to change was needed in order for treatment to be effective, thus placing full responsibility and blame on the individual and over-prioritising the role of individual agency in the recovery process.

Individual responsibility and choice

Reflecting neoliberal thinking, substance use was reduced to choice, and as such, users were deemed individually responsible and accountable for their use and addiction. In order for support in overcoming addiction to be provided by the production company, individuals were encouraged to '*sort themselves out'*, acknowledge the impact of their behavioural choices, apologise for their use and its impact on others, and make the decision to cease use. At times the host acknowledged the concept of confrontational 'tough love' as the basis of his own attitude towards users, and underlying his attempts to persuade individuals to accept responsibility and cease substance use (and which is an ineffective technique; White and Miller, 2007). For example, the provision of support being contingent on accepting responsibility, is highlighted when JK informed a family member of a man with alcohol dependence that he was willing to *'help anyone once they acknowledge and appreciate and agree to admit to what they have done'.*

As the content analysis confirmed, substance use was condemned in all cases, yet a small number of individuals (15%, n=4) were treated more empathetically and less confrontationally by JK, and in turn, the audience (e.g. through sympathetic reactions). The common factor contributing towards sympathy was that these individuals publicly accepted responsibility for their substance use and expressed a commitment to change, thus better fitting neoliberal constructs of the responsible citizen. The different attitudes are shown when comparing extracts 1 and 2. In extract 1, JK expressed hostility towards a male user of cannabis whose partner had requested help from the show for his substance use and related

relationship problems, for making '*excuses*' for his substance use and related behaviour (i.e. unemployment, general attitude) and not taking responsibility for his actions but instead blaming others ('*its everybody else fault, that's why I keep saying take responsibility for what you do').* In comparison, in extract 2, JK praised a women with an addiction to heroin and crack for taking responsibility for her addiction in ways that other guests had not ('*you at least take responsibility, so many people who come out here don't').*

Extract 1

JK: *If you came out here and you went 'you know what I smoke too much, I'm horrible and I'm rude, I've got myself into a rut, I'm not making any excuses I want your help', I'd lay out a red carpet but you don't; you're the archetypal person that comes out here and its everybody else fault, that's why I keep saying take responsibility for that you do.*

(JK to a male cannabis user)

Extract 2

JK: If you had to describe your life, what would you say?

Substance user 1: it's no life

JK: just an existence?

Substance user 1: [nods in agreement]

JK: it's very easy isn't it, for the rest of us to, that's right, that's wrong. It becomes your existence. Yes, you at least take responsibility, so many people who come out here don't.

(Interaction between JK and a female heroin and crack user)

Various tactics were used to persuade individuals to make the decision to cease their substance use, thus reinforcing use as a choice. This included emphasising the impact of use on their health, the risk of death, the impact of use on others and even encouraging guests to choose abstinence in the name of deceased loved ones. In extract 3, JK attempted to persuade a grieving man who was dependent on alcohol to stop drinking, by highlighting the possibility of death ('*You're killing yourself'),* which JK claimed the man could choose to prevent, unlike his deceased brother ('*he didn't get a choice, and you have got a choice and that's the real sad thing here').* The man was framed as having the choice not to consume alcohol, but instead was accused of choosing to '*put that [alcohol] in yourself*'. The audience expressed agreement with and praised JK for the comment through enthusiastic clapping.

Extract 3

JK: Do you want me to say something to you without upsetting you? Your Mum and your brother and the rest of you family are facing, doing exactly the same as you, because he didn't get a choice, and you have got a choice and that's the real sad thing here. And he, here, look at me, what would he be saying to you right now? You're killing yourself and he hasn't got a choice, what would he say to you right now?

Substance user 2: he'd be killing me

JK: he didn't have a choice, you have a choice, you put that in yourself, true yes?

[Crowd claps]

Substance user 2: [nods in agreement]

(Exchange between JK and a man with alcohol dependency)

Unemployment and anti-welfarism

In the same way that guests were held personally responsible for their lack substance use, they were also held accountable for their lack of employment and dependency on state welfare (i.e. receiving the proviso of financial support). An anti-welfarism stance, a key feature of neo-liberalism (Harman, 2005; Wincup & Monaghan, 2016), was evident in the show's response to substance users, and a straightforward association between drug and alcohol use and dependence and unemployment was drawn (Wincup and Monaghan, 2016). Above all other

related issues (i.e. health impacts, criminality), receipt of state welfare benefits was a key driver of hostility towards substance using guests. On occasion (N=3 individuals), JK was quick to ask and confirm whether the substance user was in employment (e.g. *'has he ever worked?')* and a lack of employment and dependency on state welfare was discussed in a way that aimed to shame the individual. The assumed link between drug/alcohol use and dependency and unemployment not only problematized use through introducing multiple stigmas, but reduced substance users to a narrow set of characteristics. For example, associated substance use with unemployment when expressing surprise that a male who had completed a 12 week private residential rehab placement provided by the show, had managed to '*hold down a full time job'* during his previous addiction to heroin and crack.

In extract 5, the question of how drug use (in this case cannabis) was funded given a lack of employment was raised by JK ('*Where do you get your money for your weed?'*). On several occasions the man was informed that he should '*get a job'* and that employment would be more achievable if he stopped using drugs ('*Well why don't you stop smoking dope and then you might have more of a chance of getting a job'.* Repeatedly asking the man where he got money to buy drugs, JK expressed annoyance that his drug use was presumably funded by the state through state benefits ('*the dole', 'payments'*). Thus, the man is accuses of choosing to use cannabis at the expense of the taxpayer (Wincup & Monaghan, 2016). The guest was also indirectly labelled as lazy, a common discourse when discussing benefit claimants (van den Bom et al., 2018). For example, he is told to '*get off his backside and get a job'*. An outwardly anti-welfare stance was expressed when claiming that the provision of welfare to users of drugs was '*the problem with this country'.*

Extract 5

JK: Where do you get your money for your weed? Do you pawn your kid's thing? Do you think that's nice do you? Why don't you get off your backside and get a job and pay for your family?

*[*Crowd cheer and clap*].*

JK: no seriously, answer the question. Why not?

Substance user 3: what? I've tried getting jobs, I've tried

JK: well why don't you stop smoking dope and then you might have more of a chance of getting a job [shouting]

[Crowd claps and cheers]

JK: £1500 you told my team you spent on dope in a month. Where did you get the money from?

Substance user 3: it wasn't just my money

JK: where do you get the money from?

Substance user 3: it was my money, my payments

JK: the dole yeah? Payments?

Substance user 3: yeah

JK: for what? Do you know something, whether you like it or not, the problem with this country is people like you that are given money to put it [cannabis] *in your body and do nothing.*

(Exchange between JK and a male cannabis user)

Restoring a lost identity through recovery

The idea that individuals addicted to either drugs or alcohol were 'lost' was a common feature of the show. This reflects the popular held belief that substance use leads to a 'spoiled' (i.e. *'junkie', 'druggie', 'scum'*) identity and that the 'true' authentic self can be recaptured through abstinence as the only legitimate recovery option (Neale et al., 2011). On occasions the projection of images of the individual before their addiction alongside a live image of the individual on a large TV screen, whilst both JK and family members provide testimonials on the impact of addiction on themselves and others. '*Happier times'* before substance use were described and individuals were labelled as '*lost*', in ways that suggested that their identity had been spoiled by substance use. For example, extracts 6 and 7 provide conversations between JK and a family member of a women described as being addicted to heroin and crack, in which the women's current appearance was compared to images taken before her addiction. On numerous occasions the women was described as being '*lost'* and not her true self ('*that isn't Shelley now'*) due to drug use ('*she's just the drugs').* The accompanying family member explained how she wanted her sister '*back*' and for her to '*remember who she was'* prior to use, suggesting that a spoiled identity could be 'repaired' through abstention.

Extract 6

JK: so that's her in happier times?

Family member 2: yeah. Look at her, she's beautiful. She is absolutely beautiful and she's a lovely girl, but that isn't Shelley now. Shelley is just drugs right now… she's not my sister right now.

JK: so that's her now

Extract 7

Family member 2: I want my sister back and I don't just want my sister back for me, I want her back for her. I want her to remember who she was, cos she's lost

(Conversations between JK and a family member of a female heroin user)

Moreover, in extract 8, JK asks a male cannabis user who sought help for his use '*what's the real you?' and 'are you lost?',* again suggesting a true inner self had been spoiled. When the man responded that he did not know *('I'm not sure like, I'm really not sure anymore')* and expressed a sense of feeling '*lost'*, he was praised for his '*honesty*'. JKs tone became less confrontational and less hostile, and an offer of counselling was subsequently provided. The show thus presented expressing a lost sense of self as a legitimate (i.e. *honesty*) impact of drug use as an important factor within the recovery process, but necessary for the provision of both support, and entertainment ('*that's what I wanted'*). Presenting drug use as leading to a lost sense of self that can be repaired through abstinence, is at odds with the shows public labelling of drug users as addicts, which may act as a barrier to shifting the drug using identity and associated stigma. Furthermore, the derogative language previously discussed as being used on the show to describe substance users (e.g. '*junkie', 'druggie', 'scum'*) may lead to the internalisation of stigma and the reinforcement of a lost sense of self, leaving individuals feeling helpless and disempowered and impeding recovery (Lancaster et al., 2015; Neale et al., 2011).

Extract 8

JK: what's the real you?

Substance user 3: I'm not too sure anymore, you'd have to ask Kirsty

JK: no no no no no no, cos we're gonna get there, what's the real you? not her

Substance user 3: I'm not sure like, I'm really not sure anymore

JK: are you lost?

Substance user 3: nods yeah

Audience: awwww

JK: that's the most amazing honesty, seriously, that's what I wanted

(Exchange between JK and a male cannabis user)

Private residential treatment as best practice

The show promoted private industry through positioning private residential treatment as the '*last resort'* in overcoming addiction to both alcohol and other drugs. It further presented abstinence as the best and most effective opportunity for recovery given previous failed attempts at state provided treatment (e.g. counselling, methadone maintenance, detoxification). Interestingly, TJKS was represented as an intervention itself, with guests providing recall of their drug use and addiction as an entertaining story in exchange for support. For example, in extract 9, the family member of a women dependent upon heroin and crack expressed her despair at the individual's continued use and failed attempts at achieving abstinence through state funded community-based treatment (e.g. methadone maintenance). She explains that asking the show for '*help*' was their '*last resort'* and the individual's *'last chance'* at recovery. Another episode offered a 12 week placement in a private residential treatment facility to a man with alcohol dependency, and the offer of '*rehab'* was presented as '*the best you can get'.* As shown in extract 10, a family member stated that this opportunity was '*the final straw' and* JK further reinforced such provision as the best chance at abstinence, stating that '*if the man 'walk(s) out'* [of the treatment provision] there is *'nothing anyone can do'.* With one particular private treatment clinic being promoted, it can even be suggested that this endorsement acts as a form of product placement and advertising for private practice, as a key feature of neoliberalism (Tyler, 2015; Harmtan, 2005).

Extract 9

JK: My next guest today is Charlotte and she's here today because she's sick of watching her sister Shelley destroy herself with heroin and crack. Charlotte says Shelley has sold her body for drugs and is petrified every time the phone rings is will be news her sisters is potentially dead. She said that today really is the last resort. A concerned sister Charlotte is on TJKS, that way. Nice to meet you, look at you, tattoo city. How are you?

Family member: yeah very good.

JK: Welcome to the show, you're here about your sister Shelley. Basically you contacted us and we were speaking to you and you said 'please help us'. What's going on, tell us about her?

Family member: this is her last chance. She is on heroin and crack cocaine on and off since she was 16, no 17, 18…

(Conversation between JK and family member of a women with a heroin and crack addiction)

Extract 10

Family member: this is the final straw this

JK: It is the final straw

Family member: if he walks out of it it's over

JK: if he walks out of it, it's the truth he's right, if you walk out of this one pal there's nothing anyone can do

(Conversation between JK and family member of a man dependent on alcohol)

Private treatment was positioned as best practice in light of guests' previous failed attempts at ceasing drug use via state provided treatment. Various examples of past treatment attempts were discussed by participants, yet were not responded or discussed in detail by the host, thus further promoting abstinence as the most desired outcome of treatment. On the one occasion that they were discussed, both JK and the guest confused detoxification with

recovery activities ('rehab') and were corrected by the show's psychotherapist who clarified that '*actually, we're aware they weren't rehab programmes, they were detox programmes'.* Despite the show's primary anti-welfare stance, the role of wider society in providing citizens with health care such as drug and alcohol treatment was acknowledged. Discussing a female heroin and crack user's 'failed' attempts at state funded treatment, JK highlighted that the show *'can't get political, because someone will say 'he's not allowed to say that' but why as a society we haven't been able to help this girl is beyond me'.* However, as shown in extract 11, the women was also accused of choosing to use drugs and not taking responsibility for her actions ('*is it's always somebody else's fault. You put that stuff in your body'*) (see section '*Individual responsibility and choice'*). As such she was predominantly blamed for previous 'failed' attempts at a successful treatment outcome due to a lack of self-control. This fails to take into account the reality of the chronic relapsing nature of drug use disorders, and the possibility that, conversely, treatment services had 'failed' her. Moreover, it ignores how structural factors such as the provision and access to high quality and appropriate treatment might not have been available.

By asking the individual '*Why don't you go to rehab then*?', ceasing drug use was framed as a simple choice, and private residential treatment was assumed to be affordable and easily accessible (Kosovski & Smith, 2011; Lancaster et al., 2011). However, the guest's financial ability to access private support, and its effectiveness compared with standard community based treatment (e.g. opioid agonist therapy, psychosocial interventions) is questionable. With the sole reason for some guest's appearance on the show being expressed as an opportunity to gain access to private inpatient rehabilitation, it can be assumed that such treatment was financially unobtainable, an assumption that can be generalised to the show's guests in general, given their low-socioeconomic status (Kosovski & Smith, 2011). Moreover, the fact that many individuals were prepared to present their personal lives on national television in exchange for the opportunity of private treatment does raise questions regarding their experiences of state provided support. This also suggests a belief in the effectiveness of private treatment in popular discourse. However, whilst JK himself was regularly thanked by substance users and family members for providing this '*last chance'* at recovery ('*it's all down to you Jeremy'),* apart from one of the sampled show, in which a previous guest returned to discuss his positive experience of a 12-week residential treatment programme, in general, there was little feedback on the outcomes of previous guests' treatment episodes and experiences (Kosovski & Smith, 2011). This is important in light of the UK Care Quality Commission's (CQC) inspection of residential substance misuse services in the independent sector, which found that three quarters failed to provide at least one fundamental standard of care (CQC, 2017).

Extract 11

JK: Why don't you go to rehab then? Why do you take the money? Why don't you go and sort yourself out?

Crowd clap

Substance user 3: I've tried

JK: how have you tried? Stop nodding, you're not helping the situation (addressing family member). How have you tried? Cos if you'd tried, you'd have succeeded, wouldn't you? See the problem that I've got that you might not like, is it's always somebody else's fault. You put that stuff in your body'

(Conservation between JK and female with a heroin and crack addiction)

Discussion

Reality TV talk shows such as *The Jeremy Kyle Show* are an important source of information for the general public on substance use, substance users, and suitable responses (Kosovski & Smith, 2011; Lancaster et al., 2011). Using the example of TJKS the research illustrates how substance use and users are represented in a negative and skewed manner in one section of the popular media. Such representations contribute to a 'reductionist drugs discourse' (Taylor, 2016) which problematizes users through associations with a narrow range of characteristics and related issues. We argue that the neoliberal notions of choice, responsibility and anti-welfarism heightened this process of problematization and the othering of substance users.

The existence of such discourse was evident in a number of ways. Firstly, the show provided an overly negative representation of substance use that marginalised notions of pleasure and failed to reflect the reality that most substance use is recreational and pleasurable (Aldridge et al., 2011; Duff, 2007; Moore, 2008), and that the use of drugs such as heroin can also be controlled and occasional (Shewan et al., 2005). Secondly, generalising the use of various substances as '*drug use'* or '*drugs',* regardless of their associated harms, led to further problematization. Thirdly, a simplistic notion of substance use was constructed through caricaturing and labelling users as problematic through associations with low socio-economic status, unemployment, welfare benefits and criminality.

Such associations were underpinned by neoliberal thinking, which reduced use, a lack of employment and dependency on state welfare to individual choice, emphasised individual responsibility, and in turn blamed individuals for their behaviour and circumstances (Keane; 2008; Mooney, 2011; Ramen, 2008; Taylor, 2008; 2016; van den Bom et al., 2018). The show also problematized substance users through a neoliberal anti-welfare stance, whereby state benefits were regarded as funding substance use and preventing employment, presumably suggesting that this was at the expense of the tax payer (van den Bom et al., 2018; Wincup & Monaghan, 2016). Such discourse reflects the reductionist rhetoric of UK drug policy (Lancaster et al., 2011; Wincup and Monaghan, 2016) which links substance to a particular definition of productive societal roles. It also reflects the narratives of drug users (Askew, 2016) in which drug use is justified '*through the application of hard work and productivity'* and is regarded as dysfunctional when it interferes with the responsibilities of adulthood (e.g. caring responsibilities, employment). Through such neoliberal connotations, substance users were therefore demonised and stigmatised through the process of othering, as they are blamed for failing to live up to the neo-liberal notion of the productive and responsible (Lancaster et al., 2011; 2015; McKendrink et al., 2008; Monaghan & Yeomans, 2016, Wincup & Monaghan, 2016). In turn, creating a distinction between the undeserving 'us' and deserving 'them' (McKendrink et al., 2008; Monaghan & Yeomans, 2016; Taylor, 2008; Wincup & Monaghan, 2016).

The show promoted private industry by framing private inpatient rehabilitation as the most effective and desirable response to substance use recovery, whilst at the same time endorsing abstinence rhetoric and the neo-liberal notion of the privatisation of health care (Kosovski & Smith, 2011; Ramen, 2008; Taylor, 2016; Smith & Raymen, 2016, Wincup & Monaghan, 2016). Within this promotion of abstinence through private practice, substance users were further stigmatised through the notion of repairing a 'lost' sense of self and the popular perception that substance use leads to a 'spoiled' (i.e. *'junkie', 'druggie', 'scum'*) identity (Kosovski & Smith, 2011; Neale et al., 2011). Reflecting the neo-liberal focus on achieving an authentic distinctive self through self-surveillance and control (Giddens, 1991; Griffin et al., 2009; Harvey, 2007; Monaghan & Yeomans, 2016: Steinburg & Johnson, 2003) and the idea that a stigmatised identity can be repaired through abstinence, it was suggested that individuals do indeed have a 'true' inner self (Giddens, 1991), that differs substantially from the person they have become due to their drug use, and as such provides a convincing justification for recovery primarily through abstinence (Gibson et al., 2004; Neale et al., 2011). Whilst linking abstinence to repairing a *'lost'* or '*spoiled*' identity seems like a pragmatic and

legitimate approach, it frames abstinence as the only option for creating a more positive identity, and others those who use alternative means of managing substance use (e.g. opioid agonist therapies) and those who continue to use (e.g. controlled drinking) *(*Neale et al., 2011). Moreover, repairing a lost sense of self over-prioritises the role of individual agency in the recovery process, and further obscures broader structural factors that may impede recovery (e.g. poor/inappropriate treatment availability for substance use and co-occurring conditions; inadequate or unsuitable housing; poverty) (ACMD, 2012; Neale et al., 2011; Steigman & Johnson, 2003). As suggested by Neale et al., (2011) a move away from the language of a lost or spoiled identity to acknowledge that identity is not fixed but fluid, and a performance that can be modified, is a more productive approach to recovery, which does not denote relapse to failure (Neale et al., 2011).

We have shown that in this example of UK Reality TV, a 'reductionist drug discourse' (Taylor, 2016) underpinned by neoliberal thinking was evident, which may influence public understanding of drug and alcohol use (Belackova et al., 2011; Forsyth, 2001; Lancaster et al., 2011; Montange, 2011; Rinke, 2016). A lack of direct experience of drug use can lead to individuals filling in knowledge gaps by drawing on reductionist discourse that is constructed in various realms, including the media (Wilson et al., 2017; Taylor et al., 2016). Through an agenda setting process, the show acts as one of many cultural resources that outline *what* issues are salient and of societal concern, in this case, substance use and the associated issues of criminality, unemployment and the receiving of state welfare benefits (Lancaster et al., 2011; Taylor, 2008). By reducing substance use to a number of selective issues and characteristics (Taylor, 2016), the show also suggests to viewers *how t*hey should think about and understand use (Lancaster et al., 2011). For example, by focussing on the behaviours of lower-socioeconomic groups, the show obscures the reality that substance use occurs across a broad spectrum of social groups (Taylor, 2008). By overlooking the structural causes of substance use, framing problematic substance use as a choice and holding individuals fully accountable for their use, the show may also reinforce public attitudes that blame individuals for their addiction and associated problems (e.g. unemployment), and may perpetuate perceptions that position users as undeserving of sympathy and state support (Monaghan & Yeomans, 2016; Taylor, 2008; van den Bom et al., 2018;). With research (YouGov, 2016) suggesting the show is viewed more by the middle aged and those with right leaning political views, the show may also reinforce existing views that are unaccepting of substance use and supporting of more punitive policy responses.

However, the influence of such discourse on public opinion remains unknown. Data on contemporary UK public attitudes shows that occasional drunkenness is regarded as more

acceptable and safer than the use of illicit substances (Home Office, 2013). This is reflected in a poll (Home Office, 2008; Ipos MORI, 2008) conducted for the ACMD to inform decisions around the classification of cannabis, which found public support for harsher classifications and penalties. Moreover, a survey of public attitudes in Scotland (Scottish Government, 2016) found that 42% percent of respondents agreed that a 'lack of self-discipline and willpower' was a main cause of drug dependence, 37% agreed that if drug dependent individuals really wanted to stop using, they would be able to, and 26% agreed that parents should not let their children play with the children of someone with a history of drug dependence. However, only 21% endorsed the statement that 'people with drug dependence don't deserve our sympathy', and 55% agreed that 'people with a history of drug dependence are too often demonised in the media'. The influence of media on such opinions, and the impact of multiple rhetoric (e.g. offending, unemployment and claiming welfare) on how substance users are treated is an important area of future research, as is research exploring how substance users negotiate and experience such socio-cultural constructions (Wincup & Monaghan, 2016). For example, previous studies of stigmatising attitudes towards substance users by both the general public and healthcare professionals have shown that they are influenced by several factors, including represented characteristics of the stigmatised person, and whether the affected person is viewed to be abstinent or not (Rao et al., 2009; Sattler et al., 2017).

The show's treatment of substance use and users may not only influence public perceptions, but also how substance users perceive themselves, and policy formation (Lancaster et al., 2011). Focussing on individual reasons for use obscures the constraints placed on individual action that occur from wider inequitable social and political structures, and as highlighted by Moore (2008:356), may 'prevent drug users from developing a more politicised view of their life situation'. Moreover, the reinforcement of self-stigma can act as a barrier to the take up and success of treatment (O. Conner, 2008; Radcliff & Stevens, 2008) and a focus on abstinence and private treatment may limit individual's knowledge on the range of state support available. Importantly, in combination with a range of media sources, the messages around substance use delivered by the show may also influence political debate and drug policy (Lancaster et al., 2011). Firstly, it may help build support for neo-liberal thinking and responses to substance users that overlook prevention efforts that focus on societal and institutional intervention and the privatisation of healthcare (Haydock, 2014; Hartman, 2005). Secondly, feeding into the 'reductionist drug discourse' (Taylor, 2016) that exists in other realms (politics, research, education), it may have negative ramifications by transposing ill-informed conceptualisations of substance use into policy formation and practice, in turn having negative ramifications for the lived experiences of substance users (Haydock, 2014; Taylor et al., 2016l Wilson et al., 2017).

Combined, public, practitioner and self-perceptions of substance use are influenced by the media and can lead to negative (self) labelling, prejudice, exclusion, and discrimination, which undermines the provision, access, and the quality of treatment, and serves to reproduce and reinforce broader health and social inequity (Smith, Earnshaw, Copenhaver, & Cunningham, 2016). Although opportunities to criticise neoliberal and reductionist discourse exists '*given the multiplicity of media platforms available to the public'*, alternative discourses 'remain on the periphery' (Taylor, 2016). This leaves individuals with a narrow image of substance use from which to form their opinions. A recent report by the Global Commission on Drug Policy (2017) highlighted the importance of challenging the entrenched negative constructions of drug use and users that exist in society, which affect how users view themselves and how they are treated. Although perceptions are difficult to change, it is important that non-stigmatizing and non-discriminatory language (i.e. addressing the language of blame without reducing individuals to passive victims) (Wincup & Monaghan 2016) is promoted through engagement with the public, as well as range of stakeholders including policy makers, practitioners and the media itself.

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